File with: lowa Ethics and Campsign Disclosure Board 510 E. 12th, Ste. 1A Dea Moines, Iowa 50319



RECEIVED

NOV - 2 2007

FOR INSTRUCTIONS, SEE BACK OF FORM ISCLOSURE SUMMARY PAGE

Fax. 515-281-4073	DISCLOSURE	SUMMARY PAGE	7	
COMMITTEE NAME (Must b	e same as on Statement of Organ	ization)	FORM	
IMPORTANT. Indicate by # type (1) Statewide/Legislative/Judge (4) County Contral Committee (Subdivision Candidate (6) Cour 11) Local Ballot Issue	of Sanjmittee you are relating for. Standing for Retention Candidate (2 5) County Candidate (6) City Candidate Try PAC (9) City PAC (10) School Bo	Taxes in We ster	For Office	2007) REPORT
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable)	Scanned _	
Office Sought		District (if Senate or House)	Audited _	
SIGNATURE OF PERSON F	FILING REPORT	SISSISSISSISSISSISSISSISSISSISSISSISSIS	_///	DATE SIGNED
I AM FILING A . 5 da	(report date)	REPORT FOR (1) ELECTION Indicate by #	لكيا	
CHECK IF AMENDMENT	TO REPORT DATED		Local Committees	, enter Date of Election
Check if this is final (term (You must continue	nination) report and attach Notice on the reports until a DR-3 is filed	of Dissolution Form DR-3. 1.)	County & Local Co which Election is h	ommittees, onter County in HAMILTON
STATE	MENT OF CASH ON HAN	D		
	pinning of the reporting period. (To mount MUST be the same as the g period or must be zero if this is t	otal of all funds held by the cash on hand at the end irst report filed.)	s	-0-
ADD TOTAL MOR	NEY TAKEN IN THIS PERIOD			\$ 2 400
Schedule A Casi	n Contributions total (Attach Sched	dule A) (*also see in-kind below)	······ -	3,100
Schedule F: Loar	ns Received total (Attach Scheduk	F)		
Schedule H: Tota	il Sales of Campaign Property (Att	ach Schedule H)	······ —	
	<u>le H applies to Candidates' Com</u>			\$3,400
SUBTRACT TOT	AL MONEY SPENT THIS PERIO	D		10 -00 32
) (**aiso see debts and loans below)		14575
Schedule F: Loa	n Repayments total (Attach Sched	lule F)		
		eport balance must be zero)		806-68
**IINDAID BILLS (From S	chedule D - Attach Schedule D)		\$	~0
*IN KIND CONTRIBUTION	IS (From Schedule E - Attach Sch	edule E)	\$	<u>~0-</u>
		dule F)		<u>-o-</u>
	OWN (Schedule G Attached?)	,	YI	ES 🗶 NO
CANDIDATE COMMITTE			-	
	ROPERTY (From Schedule H - A	ttach Schedule H)	s _	-0-
	Submit a reconciled campaign acc		_	

Reset Forme

SCHEDULE

(Rev. 07/03)

MONETARY RECEIPTS

For Instructions.	See	Back	of	Form
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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)	CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

		NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTROL OF	TO CANDIDATE* (if applicable)	RÉCEIVED	FUND- RAISER INCOME
10-29-	ID#	Tim Billette 1104 Medison Aue. Wedster City IA 50585		3,400	
07	CK#	Wedston City 14 50595		•	
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			SUB-TOTAL	3 400	

TOTAL (if last page of this schedule)

(for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES. LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

Rev 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

				AMOUNT
DATE EXPENDED (MM/DD/YR)	CANDIDATE 1D NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	EXPENDED
10-30 07	iD# CK# Counter	Daily Freeza Journal 120 Spornel St. Webst. C'ty IA	adv.	\$ 2,593 62
	ID# CK#			
_	ID#			
	ID# CK#			
			SUB-TO	TAL \$ 2 5-32 32

TOTAL (if last page of this schedule)

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refor to Schedule G instructions and lowa Code 68A.402(3)(i).)

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